

PRINTER RUSH

(PTO ASSISTANCE)

HC Corr

Application : 10/623765 Examiner : Peterson GAU : 3724

From : BS/CA Location: IDC FMF FDC Date: 8/2/05

Tracking #: _____ Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input checked="" type="checkbox"/> Other <u>PA 5/27/05</u>
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

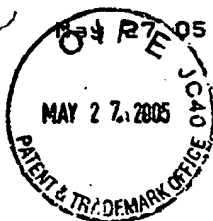
[RUSH] MESSAGE: Power of Attorney Paper has an illegible
Customer number to be appointed. please Resolve
Thank You
ED

[XRUSH] RESPONSE: _____
Customer Number is 46103

INITIALS: FB

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04



05:50p

Jimmy HDLS

7035914934

P.3

Under the Espionage Activities Act of 1950, no person is permitted to provide information to a foreign government or foreign person without a valid export control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/023,785
Filing Date	07/22/2003
First Named Inventor	David Wu
Title	Cutting Device for Spring
Art Unit	3724
Examiner Name	Kenneth E Peterson
Attorney Docket Number	CP-002007154

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

48103

46/03

OR

☐ Practitioner(s) named below:

Name	Registration Number

as your attorney(s) or agent(s) to prosecute the application identified above, and to forward all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

Country

Telephone

State

Zip

Fax

☒ I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/20)

SIGNATURE of Applicant or Assignee of Record

Signature	David Wu	Date	02/01/2005
Name	David Wu	Telephone	
Title and Company			

NOTE: Signatures of all the inventor or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the first by the USPTO to process an application. Confidentiality is governed by 36 U.S.C. 132 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1458, Alexandria, VA 22313-1458. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1458.

If you need assistance in completing the form, call 1-800-PTO-9122 and select option 2.